Universal 911 Dialing- Second Transition Report
Chirologi 711 Blaining Coccina manismon Report
Please read instructions before completing
Section 1
Carrier Identification Information
Parent Company Name
Moultrie MultiCorp
Service Provider Name
Moultrie Independent Telephone Company
Company Addition City Chats 7in
Company Address, City, State, Zip 111 State & Broadway, P.O. Box 350, Lovington, IL 61937
a 2.0 a 2
Service Provider Type Wireless X Wireline
ILEC
Name(s) of Wireless License Holder(s)
N/A
Comback Name
Contact Name David A. Cawthon
Contact Tel #
217.873.5211
Fax #
217.873.4991
E-mail Address
dcawth@one-eleven.net
Section 2 Local Area 911 Implementation
List all indivdual local areas covered by this report (e.g., Lee County, Virginia):
Lovington, Illinois and surrounding area in Moultrie County

For each area listed above, identify the emergency response point to which calls are now being routed.
Moultrie County Sheriff's Office 14 N. Hamilton Sullivan II (1951)
Sullivan, IL 61951
Section 3 Certification - To be signed by an authorized representative of the reporting entity
Locatify that I am an authorized correspondstive of the above named concrting onling that I have everywheed the foregoing concrt
I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the
reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of 9/3/02 at 7:15AM.
01 7/3/02 dt 7:15AM.
Signature David A. Cawthon
David A. Cawthon
Printed name of authorized representative
Title - General Manager
Date – September 6, 2002
This filing is: X original filing revised filing
PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF